EXTENDED SICK LEAVE

Employees, depending on their status, will be credited with Extended Sick Leave (ESL) hours on January 1st of each year according to the follow schedule:

Filed 10/18/2005

Type of Employee		Extended Sick Leave Hours Credited on January 1st of Each Year	
Full-Time		24 Hours	
Part-Time	39 – 36 Hours	21 Hours	
	30 – 35 Hours	19 Hours	
	24 – 29 Hours	16 Hours	

ELIGIBILITY

In order to access the Extended Sick Leave bank, an employee must be on:

- An approved leave of absence under the provisions of the Family and Medical Leave Act (FMLA) and have completed the initial three (3) day waiting period.
- An approved non-FMLA Medical Leave of Absence (see Section 3.4. Medical and Family Leaves of Absence and have exhausted the use of all PTO hours.

ADDITIONAL HOURS

ESL hours are not credited throughout the year. They are only credited on January # of each year. On December 31st of each year, unused PTO hours will be transferred to the eligible employee's ESL bank.

SEPARATION OF **EMPLOYMENT**

Hours in the Extended Sick Leave Bank are not paid upon separation of employment.

MEDICAL AND FAMILY LEAVES OF ABSENCE

CMS provides employees two types of Family/Medical leaves, which differ on eligibility requirements and reasons for requesting the leave. Any employee may apply for a medical leave of absence due to a qualifying medical condition. An unpaid medical leave of absence, upon proper application and certification of a qualifying medical condition by a physician, may be granted. The granting of the leave, and its duration, will be determined on a case by case basis to provide a reasonable accommodation to the employee.

FAMILY/MEDICAL LEAVE ACT

Family/Medical Leave Act (FMLA) requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for CMS at least one year, and worked 1,250 hours over the previous 12 months (exclusive of workers' compensation time off.)

FMLA REQUIREMENTS

To apply for FMLA, the following requirements must be met:

- Employee must have completed one (1) full year of service
- Employee must have worked at least 1,250 hours in the preceding twelve (12) months

NOTE: Eligible employees must be *active* at the time FMLA is applied for, in addition to meeting the above requirements.

FMLA REASONS FOR LEAVE

According to the FMLA Act of 1993, leave must be granted for any of the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

FMLA ADVANCE NOTICE AND MEDICAL CERTIFICATION

CMS requires employees to provide advance leave notice and medical certification. Taking leave may be denied if requirements are not met:

- The employee ordinarily must provide thirty (30) days advance notice when the leave is "foreseeable."
- Medical certification is required to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and fitness for duty report to return to work.

FMLA BENEFITS AND JOB PROTECTION

The benefit and protection to active eligible employees on FMLA are as follows:

- \$\footnote{\text{For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."}
- Upon return from FMLA leave, employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. (Some exclusions apply. Consult with Human Resources as necessary.)
- The use of FMLA leave cannot result in the loss of any employment benefits that accrued prior to the start of an employee's leave.
- Employees taking FMLA leave due to the birth, placement, or adoption of a child must take all FMLA leave in a single time block. Employees taking FMLA leave for any other purpose may take it in no less than one (i) hour increments.

NOTE: If during FMLA the employee is not receiving a regular paycheck, medical, dental, vision, and optional life insurance will continue uninterrupted if the employee makes the required contributions by submitting a personal check to the Benefits Department.

Use of the FMLA leave, for any reason other than that for which it was approved, will result in termination.

PAY WHILE ON FMLA

An eligible employee's pay while on FMLA will be administered as follows:

- Three (3) days of Paid Time Off (PTO) (24 hours) NOTE: If the employee does not have any PTO available, then the first three (3) days of leave would be unpaid.
- Extended Sick Leave (ESL) Hours: To be used until exhausted, beginning on the fourth (4") day of leave.
- Remaining PTO Hours: To be used until exhausted.
- Short Term Disability Benefits: To be used for an employee's own personal illness only, if eligible.

MEDICAL LOA

The Medical Leave of Absence (LOA) may apply if the employee is not eligible for leave under the federal FMLA provisions. In order to qualify for this Non-FMLA medical leave, Full-Time Regular employees (40 hours per week) who have completed the probationary period but have been employed less than one year may be eligible for a Medical Leave of Absence for a personal medical condition. A Medical LOA, upon proper application and certification of a medical condition by a physician, may be granted for a period not to exceed a maximum of twenty-eight (28) calendar days (including any accumulated time-off benefits collected) within the benefit year.

MEDICAL LOA REQUIREMENTS

To apply for Medical Leave of Absence, the following requirements must be met:

- Employee must have completed the probationary period (first 90 days) but less than one (1) year of service
- Employee must be full time (40 hours per week)

MEDICAL LOA REASONS FOR LEAVE CMS may grant Medical Leave for a serious health condition that makes the employee unable to perform his/her job.

MEDICAL LOA ADVANCE NOTICE AND MEDICAL CERTIFICATION

CMS requires employees to provide advance leave notice and medical certification for the Medical Leave of Absence benefit. The leave of absence request must be in writing and include a requested starting and ending date. The application must include a statement of medical condition from the employee's physician that indicates the reason for the medical condition, the date the medical condition began, and an estimated return to work date. Taking leave may be denied if requirements are not met.

The employee ordinarily must provide thirty (30) days advance notice when the leave is "foreseeable."

Medical certification is required to support a request for leave because of a serious health condition, and fitness for duty report to return to work.

MEDICAL LOA BENEFITS

The benefit to active eligible employees requesting a Medical Leave of Absence is time off for up to a maximum of twenty-eight (28) calendar days within the benefit year. Qualified employees with a disability will be considered for an extension in Medical Leave of Absence where such would be a reasonable accommodation. Healthcare, dental, vision, and optional life insurance coverage will remain in effect during any approved leave of absence provided that the employee makes all required employee contributions on a timely basis.

Employees who are ineligible for FMLA and need a leave of absence for maternity reasons should contact the Human Resources Department.

PAY WHILE ON MEDICAL LOA

An eligible employee's pay while on Medical LOA will be administered as follows:

- 1. Paid Time Off (PTO): Until exhausted.
- 2. Extended Sick Leave (ESL): Until exhausted

RETURN FROM MEDICAL LOA An employee who does not return as scheduled at the end of any approved leave of absence is considered to have voluntarily resigned. Evidence of other employment during any approved leave of absence will also be interpreted as a voluntary resignation. Prior to resuming duties, the employee must present a medical release from their physician releasing the employee to regular duties.

There is no job guarantee during a non-FMLA Medical Leave of Absence. An effort will be made to hold an employee's position during the absence. CMS' ability to do this depends upon a number of factors, including the nature of the position, contractual staffing requirements, and patient care needs.



TO APPLY FOR FMLA FAMILY AND MEDICAL LEAVE OR A MEDICAL LEAVE OF ABSENCE

Employees must notify their immediate supervisor of any time required away from work resulting from a non-work related injury or illness, serious personal health condition, serious health condition of a spouse, child, or parent, or birth or adoption of a child. The supervisor is responsible for advising the Human Resources Department.

The employee is required to provide at least thirty (30) days advance notice before the leave begins if the leave is foreseeable. If the leave is unexpected, the employee is required to give notice as soon as possible, generally within one or two workdays of when the need for the leave becomes known to the employee.

FORMS

The employee should complete a Request for Leave of Absence application form and a Certification of Healthcare Provider form obtained from the Site Manager. The Site Manager then approves/denies the request for leave. After approving the leave, the Site Manager then faxes the forms to the CMS Central Office Human Resources Department.

NOTE: Requests for FMLA Family and Medical Leave or a Medical Leave of Absence *must* be in writing on the applicable forms and include requested starting and ending dates.

The certification statement from the physician for a leave of absence to care for your own illness/injury or that of a family member must contain the following information:

- The date the serious health condition began
- The duration of the condition (i.e., estimated length of the leave)
- A diagnosis
- If applicable, the medical reasons verifying the need for intermittent leave or a reduced work schedule, such as scheduled dates for treatment(s)

PERIODIC UPDATES

Depending on the length of the medical condition of the employee or the family member, the employee may be required to submit updated physician statements on a periodic basis. CMS reserves the right to have the serious health condition of the employee or the family member confirmed by a health care provider of its choice at Company expense. A binding third opinion may be obtained at Company expense from a health care provider jointly selected by the Company and employee.

PERSONAL LEAVE OF ABSENCE

3.5

Regular full-time employees who have completed at least ninety (90) days of employment are eligible to apply for a leave of absence for a serious personal reason. A Personal Leave of Absence may be granted for up to ten (10) working days.

The employee must put the reason(s) for the personal leave of absence in writing along with the expected time away from work. The leave must be approved by the employee's supervisor and the Human Resources Department. A personal leave is **unpaid** and is usually granted only after an employee has exhausted their PTO and needs additional time off for an extenuating situation.

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3.6

MILITARY LEAVE OF ABSENCE

All employees who work a regular schedule are eligible to take a military leave of absence because of "Service" in the Uniformed Services as outlined under the Uniformed Services Employment and Re-employment Rights Act (USERRA).

"Service" in the uniformed services means duty on a voluntary or involuntary basis for any duty.

MILITARY LEAVE REQUIREMENTS

To apply for military leave the following requirements must be met:

- I. An employee must provide verbal or written <u>advance notice</u> of a request for leave of absence under the provisions of the USERRA.
- II. A returning service member must provide <u>advance notice</u> to his/her supervisor who will notify the Human Resources Department of the request to return to work.
- III. The employee must seek to return to work or reapply for re-employment within the USERRA's guidelines, which are:
 - A. Less than 31 days the employee must report to work by the beginning of the first regularly scheduled workday that would fall eight hours after the employee returns home.
 - B. Service of 31 to 180 days an application for re-employment must be submitted within 14 days after completion of service.
 - C. Service of 181 days or more an application for re-employment must be submitted no later than 90 days after completion of service.
 - D. Disabled veterans are given an additional two years to return to work.
 - E. Re-employment rights will not apply if the military leave exceeds five (5) years. (The two-week annual training sessions and monthly weekend drills mandated by statute for reservists and National Guard members are exempt from the five-year limitation.)

BENEFITS DURING MILITARY LEAVE

- Employees who take a leave of absence under the USERRA will have a right to exercise the COBRA continuation privileges for medical, dental, and vision coverage.
- Source CMS will comply with the regulations in effect, which govern the Retirement Savings Plan and its provisions. For vesting purposes, each period of leave under the USERRA will be considered as plan service when the employee is re-employed.
- The provision of Life and Accidental Death and Dismemberment insurance, Long-Term disability insurance and Voluntary Life Benefits will be governed by the contracts in effect with the carriers, unless the contracts are in direct conflict with the USERRA.

- CMS will restore all benefits based upon seniority as if the employee had remained on the job.
- For non-seniority based benefits, CMS will treat service members no less favorably than any other employee on a leave of absence for non-military reasons.

PTO DURING MILITARY LEAVE

The employee may elect to use accumulated Paid Time Off (PTO) during a military leave of absence or request the leave as unpaid.

3.7 FUNERAL LEAVE

Regular full-time employees (40 hours) are eligible for leave should a death occur in an employee's immediate family, such as a spouse, child or step-child, parent or step-parent, sister or sister-in-law, brother or brother-in-law, grandparent, grandchild, mother-in-law, father-in-law, son-in-law, daughter-in-law, or relative permanently residing with the employee. Leave of three (3) days paid time off is given to the employee.

In the case of another close relative, such as an aunt, uncle, niece, nephew or cousin, the employee receives one (1) day paid time off, if needed, to attend the funeral services if he/she is scheduled to work.

In these difficult times, additional days off may be needed depending on the circumstances. In this situation, or if the relative is not an immediate or close family member listed above, employees are urged to either request use of Paid Time Off or request a personal leave of absence (see Section 3.5, Personal Leave of Absence). Please discuss this with your supervisor should the need arise.

Funeral leave does not count as hours worked for purposes of determining eligibility for overtime pay.

JURY DUTY

Employees will be granted time off if summoned for jury duty, including jury selection.

CMS will pay regular full-time and part-time employees the difference between what the employee receives as jury pay and what the employee would have earned excluding shift differential and overtime for regularly scheduled hours missed, up to a maximum of two (2) weeks (10 days).

If you are summoned for jury duty, you must notify your supervisor<u>immediately</u>. To be eligible to receive the difference between your regular pay with CMS and the pay you received for your jury service, you must attach a statement from the court documenting the days served and the money received for serving jury duty. (Any allowance for mileage or meals paid by the court will not be included in the calculation of the money paid by CMS.) Documentation should be provided to the Site Manager for submission to the Payroll Department.

In the event you are called to serve on a jury that lasts more than two weeks, you may request to use accumulated but unused PTO in order to be paid for this time.

You must keep your supervisor apprised on a daily basis of the status of your jury service.

3.9 TUITION ASSISTANCE

The Tuition Assistance Program is intended to assist employees in obtaining education and skills needed in their current job or those jobs into which they may reasonably be expected to advance.

ELIGIBILITY REQUIREMENTS

Full-time employees and regular part-time employees who are consistently scheduled to work at least 30 hours per week who wish to take educational courses to improve their skills are eligible to apply for tuition reimbursementafter 90 calendar days of uninterrupted employment.

To be eligible for reimbursement, the following conditions must be met:

- 1. Employees must be in good standing and performing at an acceptable level. An exception will be made for employees receiving less than a fully attains rating who are directed by their supervisor to take a course to improve skills required to do their job.
- Application for tuition assistance must be made on the <u>Request for Tuition Assistance Application</u> form. (This form may be obtained from your Site Manager.)
- 3. Approval must be obtained from the Site Manager a minimum of seven (7) days prior to the start date of the course.
- 4. Within thirty (30) days after completion of the course, the employee must submit a request for reimbursement of the preapproved class on the Request for Tuition Assistance Reimbursement form. (This form may be obtained from your Site Manager.)

Any employee who terminates employment before completing an approved course will not be eligible for reimbursement.

ELIGIBLE COURSES

The Tuition Assistance Program is only applicable to courses taken through a college, university, or technical school that has received accreditation by an approved accrediting organization as recognized by the U.S. Secretary of Education and the Council of Higher Education Accreditation (CHEA) at www.chea.org.

The types of courses or programs eligible for reimbursement include:

Document 107-3

- Individual courses taken for credit that pertain directly to an eligible employee's current position or to a position in which the employee may reasonably be expected to advance.
- Associate Degree and Bachelor's Degree Programs (AA, AS, BA, BS Degrees) that relate directly to the employee's current job or those jobs into which the employee may reasonably be expected to advance.
- Advanced Degree Programs (MA, MS, MBA Degrees) that relate directly to the employee's current job or those jobs into which the employee may reasonably be expected to advance.
- Distance Learning and Correspondence courses that grant degrees and have been accredited by an organization recognized by the Council of Higher Education Accreditation (CHEA) provided that: the course(s) is graded with a letter grade; and the course(s) is part of the required curriculum for associates, bachelors, or masters programs.

GRADE REQUIREMENTS To be eligible for reimbursement, a minimum grade of "C" for an undergraduate course or "B" for graduate courses must be earned. Courses or programs indicated as "Pass/Fail" and not receiving a letter grade will not be reimbursed. Courses or programs receiving an "incomplete" will be reimbursed only after the necessary letter grade is achieved, provided that:

- The employee has not transferred into an ineligible position; and,
- The letter grade is received/obtained within the next traditional semester (that the class is offered) according to the school's calendar.

REIMBURSEMENT

Reimbursement will be limited to two (2) courses per traditional academic semester, (e.g. Fall, Spring, and Summer), and a total of six (6) courses per traditional academic year. A maximum total reimbursement of \$1,800 per traditional academic year, calculated on when the reimbursement is paid out (e.g. Fall, Spring, and Summer semesters), is available to eligible employees.

Reimbursement is based upon the Grade received, as follows:

Amount of Reimbursement	Undergraduate Grade	Graduate Grade
100% of Tuition Costs	C- or better	B- or better
-0-	D+ or worse	C+ or worse
-0-	Pass -or- Credit	Pass -or- Credit

Tuition assistance reimbursement will be provided for tuition costs only for approved courses/programs. Paid receipts must clearly reflect tuition costs and must match the cost of tuition as indicated in the institution's materials, noting the cost for courses per credit hour.

NON-REIMBURSABLE ITEMS

Tuition assistance reimbursement will not be provided for the following:

- Books or manuals
- Fees of any kind, e.g. activity, lab, library, registration, application, etc.
- Services of any kind, e.g. parking, student, technology, general, etc.
- Materials of any kind, e.g. lab kits, computers, etc.

APPLICATION APPROVAL

All requests for tuition assistance must be made in advance on the Request for Tuition Assistance Application form. Applications must be signed by the appropriate supervisor and/or Site Manager prior to the start of the course(s). Signed applications will be returned directly to the employee, and must be held by the employee for the purpose of requesting course reimbursement. Courses denied approval by the Site Manager may be appealed to the next level of CMS management, where a determination will be final and binding.

DOCUMENTATION REQUIREMENTS

Within thirty (30) days following completion of a course, the employee is responsible for submitting to the Site Manager

- 1. Proof of final grade;
- 2. A valid receipt showing payment of tuition, clearly identifying tuition only
- 3. Proof of educational facility's cost per credit hour, to verify total tuition costs:
- 4. The original signed Request for Tuition Assistance Application form with the Site Manager's signature;
- 5. A completed employee expense report form, indicating the amount for reimbursement; and
- 6. The completed Request for Tuition Assistance Reimbursement form with appropriate signatures.

Upon verification of the expense report and appropriate attachments, the Site Manager and employee will submit the expense report form and appropriate attachments to the CMS Accounts Payable Department for regular processing, according to Policy. The completed expense report must include the following originals:

- Paid tuition receipt (No. 2 above); and
- Signed and completed Request for Tuition Assistance Reimbursement form (No. 6 above).

Expense reports must be clear, legible, accurate, signed, and on an original CMS expense report form. No other expenses are to be included on the expense report form other than tuition assistance reimbursement requests. If the employee has additional expenses that fall under allowable employee expenses for non-tuition related items; the employee must complete a separate expense report form.

Proof of final grade, proof of educational facility cost per credit hour, and the Request for Tuition Assistance Application form do not need to be attached to the employee expense report form.

Employees are required to make and keep a copy of all material submitted to the CMS Accounts Payable Department. The CMS Accounts Payable Department is responsible for forwarding the reimbursement check to the employee.

NON-ELIGIBLE COURSES

The Tuition Assistance Program is not intended to reimburse employees for courses outside of current business practices for approved graduate and undergraduate programs. Tuition assistance is not intended to reimburse employees for courses which grant continuing education units (CEUs), courses to complete or renew professional certification requirements, or seminars and training programs outside of accredited higher education institutions. The Tuition Assistance Program will not reimburse employees for courses related to GED or other high school equivalency programs; and advanced doctoral programs, such as Ph.D. or Ed.D programs higher than a Master's degree. Courses indicated as college "audit" classes or other courses where credit may be given for previous education obtained will not be reimbursed.

TAXATION

Tuition assistance payments received by employees may be considered as taxable income, depending on circumstances, and subject to normal income withholding.

EMPLOYEE ASSISTANCE PROGRAM

CMS recognizes personal problems can affect an employee's work performance. Employees are encouraged to take constructive action to resolve personal problems before work performance is affected.

To assist employees and their immediate families with the resolution of personal problems, CMS has a contractual agreement with Life Phases, a Unum Insurance Company Life Balance Program, to provide confidential prepaid personal consultation to employees and their immediate families.

Regular full-time and part-time employees scheduled to work 30 hours or more per week and their eligible dependents may obtain this professional assistance through the employee support services program in the following ways:

- Self referral (call in)
- Supervisor recommendation
- Supervisor mandatory referral

The following procedures are designed to facilitate these types of referrals:

SELF REFERRAL

An employee or family member who desires confidential assistance for a personal problem should call toll-free, 1-800-854-1446 An experienced consultant answers every call.

Upon employment, you will receive a packet of information on Life Phases Life Balance and the *Universal Access Card* with Life Balance phone numbers listed. Life Balance provides you with information on a wide range of topics/issues including legal and financial issues, older adult and parenting resources, personal and work-related problems, and all the little things that demand your attention each and every day.

Life Balance is a program to help you address life's daily challenges with 24-hour access, seven days a week, and 365 days a year, to professional advice, including face-to-face visits when needed.

An initial assessment will be made by telephone with an expert consultant to help clarify your issue, sort through your options and contact an effective and affordable resource. If further assistance is required by the employee, the consultant can arrange up to three (3) in-person sessions for employees to talk with a counselor.

All communication between the employee and the consultant/counselor will be held in the <u>strictest confidence</u>. Neither the user's name nor the problems discussed are available to CMS unless the employee requests in writing that the Company be notified.

SUPERVISOR RECOMMENDATION

Depending upon the nature of the problem, the supervisor may wish to recommend the employee assistance program to an employee. Such contact by the employee would be handled as a self-referral and no information would be available to the supervisor.

MANDATORY SUPERVISOR REFERRAL

The basis of a mandatory referral to the employee assistance program by a supervisor must be either:

- 1. A decline in work performance on the part of the employee, or
- 2. A particular on-the-job incident or series of incidents which indicates the possible presence of a personal problem.

The supervisor, having established the basis for referral, should contact a Life Balance consultant to discuss the nature of the situation. (Call 800-854-1446 as indicated on the Universal Access Card) Life Balance special counselors are available specifically for supervisors. The counselors will guide the supervisor in the appropriate recommended option of assistance for the employee. The supervisor will arrange a telephonic meeting between the employee and an appropriate Life Balance contact.

The employee is required to keep the appointment and follow through on the recommendations. Failure to do so will result in the employee not being able to return to work until such time that the above requirement is met. Continued failure to do so may subject the employee to further corrective action up to and including termination.

The only information about the meeting that will be shared with the supervisor is whether the employee kept the scheduled appointment.

CONFIDENTIALITY

An employee or family member's usage of the employee assistance program remains strictly confidential. Neither the user's name nor the problems discussed are available to CMS. We believe your confidentiality is of paramount importance and the program is designed to protect it.

3.11 WORKER'S COMPENSATION

CMS pays insurance premiums to ensure that all employees are covered by the Worker's Compensation insurance policy as required by the state in which they work. Workers' Compensation pays a percentage of an employee's weekly wage after a waiting period. State law specifies the percentage of salary to be paid and the waiting period to be met. Worker's Compensation also pays medical expenses related to the injury.

Employees must <u>immediately</u> report any and all workplace injuries, no matter how minor, to their <u>Supervisor</u> prior to the end of the employee's shift. Supervisors must then contact the <u>Injury Hotline</u> at 800-864-2230. Failure to do so could adversely affect an employee's eligibility for Worker's Compensation benefits due to reporting time limits as specified by law.

Additional information is located in the Workers' Compensation / Employee Safety Manual.

HEALTH INSURANCE PROGRAM

MEDICAL INSURANCE

Our medical insurance program is designed to protect employees against catastrophically high medical costs and to assist with other expenses related to illness or injury.

CMS will provide managed care networks, where feasible, to employees in specific geographic regions to help control the overall cost of care to the employee and the company.

The health coverage plan is available to regular full time and part time employees who work at least 30 hours per week. Coverage may also be available for the employee's spouse and eligible unmarried children as outlined in the plan documents. The effective date of coverage is the 1st day of the month following 60 days of employment in a benefits eligible position, according to the following chart:

Hire Date (Regular Year)	Hire Date (Leap Year)	Effective Date of
January 1 - January 31	January 2 – February 1	April 1
February 1 - March 2	February 2 - March 2	May 1
March 3 - April 2	March 3 - April 2	June 1
April 3 - May 2	April 3 - May 2	July 1
May 3 - June 2	May 3 - June 2	August 1
June 3 - July 3	June 3 - July 3	September 1
July 4 - August 2	July 4 - August 2	October 1
August 3 - September 2	August 3 - September 2	November 1
September 3 - October 2	September 3 - October 2	December 1
October 3 - November 2	October 3 - November 2	January 1
November 3 - December 3	November 3 - December 3	February 1
December 4 - December 31	December 4 – January 1	March 1

Employees receive booklets describing the eligibility requirements, waiting periods, and plan features upon employment. Both the employee and the company contribute toward the monthly cost of the coverage.

IMPORTANT NOTE It is to an employee's advantage to request enrollment during the initial eligibility period. Employees requesting enrollment after this period may only enroll during the Annual Enrollment period or if they have a change in family status.

ENROLLMENT REQUIREMENTS

Applications for enrollment must be received in the CMS Central Office Benefits Department within 30 days of hire in a benefits eligible position. If and application is received more than 30 days after the effective date of coverage, it will be treated as a late enrollment and coverage will be denied.

An employee's next opportunity to enroll will be during the annual open enrollment typically held in November of each year with a January 1 effective date, or upon the employee's change in family status.

PHARMACY

Participants in the CMS Employee Medical Plan are eligible for the prescription drug plan. Employees will receive a prescription drug card to be used to purchase covered medications from participating pharmacies. The Retail Pharmacy program is for acute care medications up to a 30-day supply. The Mail Order program is for long-term maintenance medications and for medications requiring more than a 30-day supply.

Retail purchases are subject to a nominal annual deductible per person, and then coinsurance applies. The Mail Order plan does not require a deductible to be paid. Copayments apply in various levels for generic, preferred, and non-preferred brand medications according to the plan.

DENTAL INSURANCE

Employees who are eligible to participate in the Medical Plan are also eligible to participate in the Dental Plan. Through a comprehensive program of diagnostic, preventive, basic and major benefits, the dental plan encourages employees to maintain proper dental health and provides assistance when more extensive services are needed.

VISION SERVICES

Regular full-time and part-time employees working at least 30 hours per week are eligible to participate in the vision services plan. The eye care plan is available through participating Vision Services Plan (VSP) providers.

The VSP provides for regular eye exams, lenses, and designated frames at a nominal cost to employees. Provisions and frequency limits are outlined in the plan documents.

Employees who wish to participate in the VSP must enroll for a two-year commitment, which is outlined in the material you will receive upon hire.

Please contact the CMS Benefits Department if you have any questions or need assistance in utilizing your health, dental, or vision insurance benefits.

NOTE: Eligibility requirements and enrollment procedures for Dental Insurance and Vision Services are the same as for Medical Insurance. Employees have the ability to enroll in one, all, or any combination of the health benefits offered. (Medical, Dental, and/or Vision.)